

## FEC FORM 3L

SECRETARY OF THE SENATE  
11 MAR 18 PM 4:56REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full)		USE FEC MAILING LABEL OR TYPE OR PRINT		Example: If typing, type over the lines	
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE					
ADDRESS (number and street)		120 Maryland Ave. NE			
Check if different than previously reported. (ACC)		Washington	DC	20002	
		CITY	STATE	ZIP CODE	
2. FEC IDENTIFICATION NUMBER		3. IS THIS REPORT		4. STATE DISTRICT	
C00042366		X NEW (N) OR AMENDED (A)		DC	
5. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) and/or Semi-annual Report  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE) and/or Semi-annual Report  July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		(b) Monthly X Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)			
		Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)			
		Apr 20 (M4) Jul 20 (M7) and/or Semi-annual R eport Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report			
		(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Run off (12R) This report also covers the semi-annual period Special (12S) Convention (12C)  Election on in the State of See Line 6(b)			
		(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  Election on in the State of See Line 6(b)			
6. Covering Period(s)		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period		(b) Semi-annual Covered Period	
0 2 0 1 through 0 2 2 8 2 0 1 1		and/or		January 1 - June 30 July 1 - December 31	
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period		(b) Semi-annual Covered Period	
		318250.00		.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Darlene Setter

Signature of Treasurer

Date 03 18 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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02/2009

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